



COUNTY OF LOS ANGELES  
DEPT. OF HEALTH SERVICES  
PUBLIC HEALTH  
Acute Communicable Disease Control  
313 N. Figueroa St., Rm. 212  
Los Angeles, CA 90012  
213-240-7941 (phone)  
213- 482-4856 (facsimile)

## RELEASE OF TYPHOID FEVER CASE



Three consecutive negative feces and urine cultures taken 24 hours or more apart, 1 week or more after discontinuation of specific therapy and 1 month or more after onset of disease. Submit to the Public Health laboratory.

Date of onset:	<table border="1"><thead><tr><th colspan="2">FECES*</th></tr><tr><th>Date taken</th><th>Results</th></tr></thead><tbody><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr></tbody></table>	FECES*		Date taken	Results	1.		2.		3.		<table border="1"><thead><tr><th colspan="2">URINE*</th></tr><tr><th>Date taken</th><th>Results</th></tr></thead><tbody><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr></tbody></table>	URINE*		Date taken	Results	1.		2.		3.	
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Date of last therapy:																						

\* If any one of the above specimens is positive, the patient is a convalescent carrier. Clear as below.

## RELEASE OF CONVALESCENT TYPHOID FEVER CASE

Three consecutive negative feces and urine cultures taken 1 or more months apart, within 12 months of onset. Submit to the Public Health Laboratory. Patient must sign and follow the **TYPHOID CARRIER AGREEMENT**.

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\* If the person continues to excrete typhoid bacilli for more than 12 months after onset, follow as a chronic carrier.

DATE:	DISTRICT HEALTH OFFICER'S SIGNATURE:	DISTRICT:
RELEASE OF TYPHOID FEVER CASE Acute Communicable Disease Control LA County Dept. of Health Services Public Health "acd-typhoid case release, rev. 7/02"	PATIENT'S NAME:  (LAST) (FIRST)	RECORD NUMBER: